

THE  
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY.

EDITED BY

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LOUISVILLE, KY:  
JOHN P. MORTON AND COMPANY,  
PUBLISHERS.

THREE DOLLARS PER ANNUM.

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## THE AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.


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# THE AMERICAN PRACTITIONER.

MARCH, 1873.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—*RUSKIN.*

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## Original Communications.

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### ON DIET.

BY E. R. PALMER, M. D.,

*Professor of Physiology in the University of Louisville.*

There are probably but few questions bearing upon the subject of social and domestic economy about which so many conflicting views are entertained and so much of ignorance countenanced as that of diet. For many years the cry has gone up from prudent physicians and anxious parents against the "debasement evils of gluttony;" and successive generations of enlightened men have long been trained from infancy to look upon an honest and hearty gratification of the mandates of their stomachs, and upon the cultivation of a knowledge pertaining to dietetics, including an insight into the manner of properly preparing food, as little less than sensuous epicureanism when indulged in by those who do not pursue catering and cooking as a life-business. We are being told daily with great truth, from the pulpit and the press, that ours is a momentous age; that our day is witnessing the

overthrow of long-existing beliefs in nearly all departments of theology and science. The observant man indeed need not be told that crises various and startling are being reached and grappled with in every department of knowledge. These transitional tendencies of the times are making their impress upon the written and spoken thoughts of leading men in every calling.

Without doubt the most important advance which general science has undergone during the present century has been the evolution of the theory known as that of "the correlation and conservation of forces," by which it has been shown that heat, light, electricity, and magnetism are simply different phases of a common natural force which is in itself indestructible. More recently this theory has been extended so as to embrace as well the so-called "vital forces;" a belief in which comprehension has been accepted by all the most eminent physiologists of the time, though it has met and still meets with strong popular opposition. A discussion of the theory of correlation thus applied, while manifestly pregnant with interest, would hardly be in place in this connection, and I shall therefore confine myself to such simple statements as seem necessary, preparatory to what is to be written upon the question of diet.

The eminent English physiologist, Dr. Carpenter, has recently shown,\* by an elaborate article on the subject of correlation of forces, that not only organic growth and nutrition are due to the operation of force received from the physical world, but also that organic action, embracing common sensation, motion, the higher senses, and mental action arise from the same common source. The same views have also been advanced by Herbert Spencer, Tyndall, Huxley, and numerous other English scientists, and have met with the ready acceptance of the British Scientific Association. In Germany

\*Correlation and Conservation of Forces. Grove, Hemholz, Faraday, Liebig, Carpenter. D. Appleton & Co., 1872.



they are, if possible, more universally held, while many fellows of our own Scientific Association, and quite a number of American writers, give in their unqualified approval. Among these latter Prof. Flint, jr., in the fourth volume of his elaborate treatise on Physiology, has plainly asserted his belief in the highest application of the law of correlation.

That man, made out of matter, should be subservient to the same force which matter in its inorganic state manifests, is certainly plausible, is indeed demonstrable; but *how* this takes place, or what the rationale of these metamorphoses is, are "mysteries which it is impossible to fathom."

Plants, the ultimate source of all our organic food, produce their tissues by a process of deoxidation; and animals subsisting on the matter thus produced oxidize it, casting out the resulting compounds to be again decomposed by the vegetables, and thus the two kingdoms mutually support one another. According to the views expressed, force is perpetuated in our bodies and clothed with the characteristics called "vital" by this oxidation in the blood and tissues of the structural elements of which they are composed; and it therefore more than ever becomes a matter of prime importance that we should familiarize ourselves with the chemical composition of the various tissues which enter into our formation, and the proper source and best means for preparing the materials which, as food, are consumed to supply matter to the various parts. They teach us, in other words, to place even a higher estimate upon diet and air than has heretofore generally been held.

If all the varied phenomena of life are due to changes in the material structure of the body, then the purity and vigor of these phenomena will be in a direct ratio to the quality and quantity of food taken and assimilated; and what we eat and digest takes the place of spirit and spontaneity, not only in the manifestations of heat, light, motion, and electricity, which characterize living animal structures, but is also

elevated virtually into the "throne of reason," and constitutes the real "food for thought." Certain it is that when we compare the poetry of men like Kirke White with that of more generous liver, we are forced to confess that the mind's costliest web is better and more richly spun from substantial than from ethereal food. As a rebuke to the popular prejudice and indifference which have long united to repress man's tendency to so-called epicureanism, a popular writer has recently asserted, with startling truth, that out of the forty millions inhabitants of the United States not more than one million are uniformly well and sufficiently fed. The present superiority of the white race has long and justly been attributed to the advantages in the way of food which are peculiar to the temperate zone; while the mental inferiority of our semi-civilized and barbarous brothers of the frigid and torrid zones have in a like manner been attributed to an insufficient variety of diet, it being in the one almost, and in some instances exclusively, of an animal nature, and in the other vegetable.

Several series of experiments have of late been instituted to test the amount and kind of food necessary for various conditions of vital activity. The result has been full of interest, and shows that of the two, mental labor outranks physical as an exhaustor of tissue at a ratio of four to one; in other words, that one hour's severe mental labor is equal in its destructive influence to four of active physical exertion. It would seem as if the human family had long felt this, as it were, by intuition; and thus we find, as we ascend the scale of intelligence, more care taken in the selection and preparation of viands, and more time given to eating and sleeping, at least by those who are ordinarily judicious. The coarse, ill-prepared, and scanty meal of the day-laborer would by no means suffice for the repair of those inroads which mental labor has made into the brain of the student.

It is a popular and erroneous notion that hard students

are usually small eaters. This fancy has arisen from the fact that such persons are quite commonly abstemious during severe and even protracted mental labor. They either knowingly or instinctively feel that the great mass of blood can not at such times be spared from the brain to the stomach for purposes of digestion without lowering, for the time being, the desired degree of mental vigor. It is after such hours of toil that the literary man, as a rule, enjoys with rare relish and appetite such a quantity and quality of food as is well calculated to restore his flagging powers soon and thoroughly. Gatherings of men of letters are now, and have been from time immemorial, closed in the banqueting-hall, where huge feasts in gastronomics are the order of the occasion.

Finally these investigations have shown that the ordinary table-fare of any well-conducted family in easy circumstances *contains all the elements necessary for the proper maintenance of every part of the organisms of those who eat thereof.* I have purposely italicized the foregoing sentence because of its apparent conflict with the assertion that of the American people only about one fortieth are properly fed. I hope to show before I am done wherein the chief faults in the dietetics of our country lie, and to give at the same time certain general rules for the management of the diet of the sick.

The chief errors which conspire to bring about an unscientific and hurtful system of dietetics are daily manifested in the selection, preparation, serving, and eating of food as accomplished in the vast majority of intelligent families. Beef and bread, being the richest of all food in tissue-making elements, are justly regarded as the most important and useful staples of diet; and yet only a small percentage of those who do the marketing for the families of which they are members can answer correctly as to those qualities which characterize the best beef and flour. On three fourths of the butchers' stalls in our markets and meat-stores cattle scarcely two years old, with the natural warmth hardly out of their bodies, are

retailed daily to many hundred customers of high and low degree, notwithstanding that such meat is tough, tasteless, and innutritious. Steaks, which constitute the most generally-purchased cuts, are so thin as to stand not the slightest chance of escaping being transformed by the cook into a dish calculated to tax to the uttermost the digestive faculties, without being able to give in return more than an insignificant quantity of inferior nutriment.

The best beef is that which has attained from four to six years' growth, at which age the muscles are rich, sweet, and fully matured. Such cattle should be rapidly fattened, and then killed as long before consumption as can be done without running the risk of actual decomposition. In the winter a week's time is none too long. Such beef is tender to the very neck, and should be cut into thick steaks and large roasts; these in turn not to be robbed of the fat that is attached to them.

The frugal man or woman will soon find that such beef is in the long run decidedly the cheapest. I do not know indeed that it is not the truest wisdom and economy in the poor man to spend every cent he can possibly spare from his income for food, always buying the best; as by so doing he is obtaining one of the chief agents concerned in producing all his vital manifestations, by which his income, if he works for it, is obtained, while the other agent (air) is given him for nothing.

Nor are we much less at fault in our selection of flour and bread. The popularity of whiteness, at least so far as these articles of our food are concerned, leads nearly all housekeepers to select that brand of flour which makes the whitest bread; not knowing that the capsule of the wheat-kernel, which gives a darker hue to less thoroughly bolted flour, contains by far the largest percentage of the materials best adapted for the nutrition of bone, muscle, and brain, while the interior of the grain consists of little else than starch.

Those who from necessity or preference buy their bread from the city bakers rarely fail, in the course of a year, to consume many loaves which are inferior and indigestible. In several years' experience I have found but one baker in the city who makes bread that is uniformly of unexceptionably superior quality.

A similar degree of care is essential in the selection of every other article of food. Veal is to be avoided as a regular article of diet, owing to its being hard of digestion and but poorly endowed with nutritive qualities. Lamb is inferior to properly-fattened mutton; and mutton, like beef, is more commonly offered for sale of an inferior than of a superior quality. The same rules should govern in its selection. Wild meats, which are relished as a change, are generally digestible, and are nutritious; but one soon tires of them. Ham properly cured will frequently prove acceptable to delicate stomachs when fresh meat does not. As a rule, however, it is less digestible and beneficial than good beef.

Unlike other meats, domestic fowls are the sweetest soon after they are killed; an excellent method of preparing a chicken for dinner being to kill and dress it in the morning, and then pack it in ice so as to thoroughly extract its heat by the time it should be "put on." Turkeys likewise are much more palatable if eaten soon after they are killed.

Fresh vegetables are too often, especially in cities, fresh only in name. They are prone to wilting or incipient decay, and should be served as soon as possible after they are gathered. Potatoes (Irish), so popular and so largely consumed as food, contain less than twenty-five per cent. of nutritious matter. Their usefulness as articles of diet has frequently been questioned by scientific men.

In the foregoing remarks enough has certainly been said to show the importance of exercising great care and wisdom in the selection of what we eat; and it is a well-known and important office of the physician to teach the public how to

avoid physical evils, and to make the best of those means which are at its command for sustaining and promoting the physical, intellectual, and moral vigor of society. It has been wisely said that to insufficient and poor food, far more than to any one thing besides, are attributable the crime and sin which stalk through the land.

But if we err in our purchases of food, how much more are we at fault in its preparation. Here undoubtedly it is that the strongest blow is struck for the impairment of nutritive matter. The labor question in all its importance has no more serious problem to be solved than the domestic. Our ancestors had the advantage of an old and established system of labor, and were accustomed to train up from early life several of their servants in the mysteries of the kitchen; so that many manor-houses had their meat, bread, and pastry cooks each devoted solely to her branch of the art. Now-a-days all is changed; and our kitchens, wives, and dinners are at the mercy of irresponsible and frequently ignorant menials, who come and go like veritable Bedouins. Disagreeable as this fact is, it yet undoubtedly can be made the means of great good, if the public will only awaken to both the necessity and the means. It is a patent fact that the commander of great armies must needs have more than a theoretical idea of discipline and drill; and he is the best general who, all other things being equal, is best versed in every thing pertaining to his calling, even down to the manual of arms.

Such also should be the qualifications of every housewife. She should have received before undertaking, or else gain as speedily as possible after, marriage a practical knowledge of the whole art of cooking. Not that the good housewife should be expected or even allowed to do her own cooking. Far from it; her duties are of a more exalted nature; but, like the general, her judicious orders and instruction can exert an influence for much good.

As for the men, too many of them are afraid of being

ridiculed as cooks, and the rest are too deeply immersed in their life-duties to take much interest in kitchen-work; and yet I am by no means certain that they too may not find benefit from an occasional tour of inspection into that realm. Of one thing I am convinced—namely, that to be a good physician one must know a great deal about cooking.

The experience of several years in the study and observation of dyspepsia has convinced me that many of the accepted theories regarding its causation and treatment are wide of the mark. I am satisfied that most cases, while they may have had their cause in bad cooking or rapid eating, are, when they fall into our hands, simply instances of incipient or chronic starvation; and, acting upon this principle, I am in the habit of feeding such cases, and with the happiest results. I have known bad dyspepsia cured by a week spent away from home, at literary and scientific conventions, where feasts more substantial than those of "reason" and flows less ethereal than those of "soul" have played a prominent part.

The first step in the path of error common to writers on digestion is that of tabulating food according to its supposed digestibility. The attempt to compile such tables, and apply them to even the minority of cases, is eminently unscientific. I have known breakfast-bacon to be relished and digested when rare roast-beef could not be borne. So too the popular system of dieting dyspeptics upon special dishes, such as cracked wheat, mush, dry toast, beef-tea, *et id omne genus*, is based upon an incorrect knowledge of the patient's wants; and the sufferer recovers, if at all, in spite of his physician. We have heard a great deal of late years about allowing patients, and especially children, to choose from fancy or a generous board whatever they most crave, and eat it, though it be bacon and cabbage. Many instances of recovery are recorded following such license, which is a natural rebound from the beef-tea plan. To my mind, the better, and indeed the best, plan is that of tempting them

with the choicest food, cooked with perfect skill and served in an artistic manner.

Space will not allow me to report numerous cases which I have in remembrance. The following is one of considerable interest. A mother of five children, so reduced by chronic dyspepsia as to weigh but sixty pounds, had been successively given up—once as the victim of *tabes mesenterica* and once as the subject of incurable dyspepsia. To use her own words, she had “taken every medicine under the sun.” Her alvine discharges were frequent and yeasty, and vomiting occurred after every meal. She loathed medicine and craved all sorts of food. She was starving to death. This was ten weeks ago. Since that time I have seen her twice a week. But little medicine has been given, and that with questionable benefit; but I have overhauled, time and again, her diet; have racked my brain in the suggestion of a proper variety of easily-digested and attractive food; and have fed her alternately on rare roast-beef, rare broiled beef, and venison, birds, fowls, cream, buttermilk, crackers, bread with old port wine, increasing gradually from day to day the amount consumed, and avoiding as far as possible every semblance of medication. It was six weeks before I found out that bad bread was causing the yeasty stools. To show the influence of the mind in such cases, she asked for an apple, and I told her she could have a jenneting nicely baked. At my next visit I learned that her stomach had at once rejected it; and when I expressed my surprise and regret, she replied: “The fact is, Doctor, it was n’t what I wanted; I wanted a raw and not a baked apple.” She has gained in the last four weeks five pounds, much strength, and a fine start in convalescence.

It is too commonly the case that the physician orders broiled steak or roast-beef, and then gives himself no further concern as to the choice of cuts and manner of preparation and serving. No wonder that his prescription proves hurtful or inefficient in so many cases. In but a small minority of



households are the first principles of either broiling or roasting understood, and especially with reference to the latter are so many respectable cooks profoundly ignorant. The bane of American cookery is that popular and barbarous utensil, the frying-pan. It is used on all occasions, and may be seen any day upon thousands of kitchen-stoves half filled with boiling lard, in which sputters either the fresh or salted meat that is to form the chief constituent of the daily meal. I know of no meat which is not the worse for such treatment. Even ham is infinitely sweeter and more digestible when properly broiled over coals. Any physician of tact can undertake the reform of such usages in his families without fear of giving offense.

In the matter of serving we are also far from exhibiting wisdom commensurate with the times. Jumbled dinners piled promiscuously upon the domestic board are a retrogressive change from the system of courses once more generally practiced. The simplest dinner is rarely so frugal but that it will admit of a division into two or three courses; and then the want of care and taste which are so often manifested in the table-ware and linen, and the absence of every thing calculated to embellish the various dishes, that they may please the eye as well as the palate. What is more delicious to the thirsty man than pure cool water from a *clean glass*; and how rarely do we have clean glasses offered us for such purposes! The very fact of glass being so difficult of thorough cleansing should all the more spur one's efforts to make it so. If these apparently little things are worth considering for those in health, how much more are they of importance in the dietetics of the sick-room. I have seen the feeble convalescent turn away appetiteless from good food because of a soiled napkin, a dim goblet, or a promiscuously-crowded plate; and I have beheld with pleasure the flash of agreeable surprise greet from the same sick-chamber the snowy linen and garniture of bright green leaves or fragrant flowers or

tropical fruit that had been tastefully placed about the pure white china and wholesome food.

LOUISVILLE.

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### AMPHO-DIPLOPIA CURED BY OPERATION.

BY D. S. REYNOLDS, M. D.

On the 18th of November, 1869, I was consulted by a fine, hearty lad, aged fourteen years, who related the following history, which was confirmed by his father, viz.: in the month of June last, while in perfect health, and in the enjoyment of perfect vision, he fell from a gravel-cart, receiving by the fall severe shock and some unimportant superficial bruises about the head and shoulders. Consciousness was restored in something like an hour after the fall, when he saw every thing double; the double vision being still present in a very annoying form, so much so that he can not go even along the sidewalks of the city without a guide.

The eyes looked perfectly healthy; no abnormal deviation of the optic axes; pupils readily responsive to light; the recti muscles acting in perfect harmony. When asked to count my fingers, two being held before him, he said he could not, as there appeared to be "a thousand." When the left eye was closed he saw every thing double with the right; when the right eye was closed he saw with the left a single object so greatly multiplied as to place it entirely beyond his power of enumeration.

Examination with the ophthalmoscope gave an entirely negative result, the papillæ and retinal vessels presenting a perfectly normal appearance; in fact, not a trace of intra-ocular disease existed. There was, however, slight rotary unsteadiness observed in examining the disc of the left eye.

The double vision in the right eye and multiple vision in the left, with the rotary oscillation above mentioned; the absence of perceptible deviation in the optic axes, with no evidence of intra-ocular lesion, and no irregularities in the corneal curvature; the obliquity of the images in the right eye, coupled with the fact that the images were divergent from the horizon upward, made it tolerably clear to my mind that the diplopia was entirely dependent upon a contraction of the *superior oblique muscle* of the right eye.

The diagnosis made, I was not a little puzzled to determine the proper plan of procedure in an attempt to relieve my patient. I was afraid to undertake division of the affected muscle. He had already been subjected to long-continued constitutional medication by his family physician, who had also, I heard, tried electricity. Taking all these facts under advisement, I concluded to attempt the cure by an effort to deprive the contracted muscle of all assistance derived from its associate, the superior border of the internal rectus, and at the same time re-enforce the antagonistic power of the inferior oblique. After expressing my doubts as to the result of an operation, with a willingness to make the attempt, my patient and his father consented to take the risk of failure. So the boy was chloroformed at three o'clock P. M. on the 24th of November, 1869; and with the assistance of Drs. C. H. Alexander and A. Given I commenced the operation by making a transverse section of the conjunctiva and fascia about two lines below the transverse meridian, and about the same distance from the inner corneal margin, carrying the incision quite behind the *plica semilunaris*. Then beginning at the scleral end of the first line of incision, with a delicate pair of scissors I made a curvi-linear section upward, about four lines in extent, corresponding to the corneal border. The flap thus formed was reflected back, and the internal rectus exposed, with a strabismus hook. I carried the muscle forward, and divided close upon the scleral surface the entire

attachment, except a single fasciculus at the inferior border of its tendon. I then seized the divided portion of the tendon, and cut backward from the point of attachment to the sclerotic of the undivided fasciculus, thus removing a triangular piece of the muscle; the base of the triangle corresponding to the scleral end of the tendon, the apex being formed by a termination of the incision at the superior border of the muscle a quarter of an inch distant from the base. The conjunctival flap was replaced and secured with a single silk-thread suture, which completed the operation. My gratification, not to say surprise, may be imagined when the boy awoke and declared that he could "see as well as any body." The cold, wet, compressive bandage was applied, both eyes being closed, and the patient put to bed. On the fifth day after the operation the bandage was removed. The wound had entirely healed, the suture had cut its way out, and nothing save a slight ecchymosis remained to mark the site of the wound. Two days afterward, being the seventh day after the operation, he read diamond type at a distance of ten inches fluently, without glasses, and commenced going to school on the 1st of January, 1870.

[NOTE.—This paper was read before the College of Physicians and Surgeons of this city, in February, 1870, and was intended for publication at that time, but was misplaced. So far as I am aware, the operation above detailed has never been attempted by any one else. I therefore lay claim to it as an entirely original method of manufacturing an inferior oblique muscle out of the internal rectus, as well as an efficient method of relieving double vision resulting from persistent spasm of the superior oblique.

Dr. Loring, of New York, has successfully treated a case similar to the above by division of the superior oblique. Had his case occurred before mine I should not have hesitated to adopt his operation; and I dare say, had my case been

published at the time I first intended to publish it, Dr. L. would have practiced my operation. Happily, however, both of us have succeeded in achieving success by very dissimilar operations, both radically curing a hitherto intractable form of diplopia.]

LOUISVILLE.

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## A CASE OF CANCER OF THE LIVER.

REPORTED BY H. A. WEST, M.D.,

*One of the Resident Physicians of the Louisville City Hospital.*

Mike Dowan, an Irish laborer, single, aged sixty-five years, entered the Louisville City Hospital September 2, 1872.

*Previous history.* Has never suffered from any severe illness, but states that he has never been robust. He has been very poor and much exposed, and has not been capable of doing steady labor since the autumn of 1871. For a year past he has had an uncomfortable sensation in the right hypochondrium. In August, 1872, his failing health compelled him to cease work entirely, at which time he first observed a swelling in the abdomen.

*Condition on admission.* Considerable emaciation; complexion a dirty yellow; conjunctivæ slightly discolored; skin dry and harsh; pulse 88; temperature in axilla 100°; respiration 28; appetite fair; digestion good; tongue slightly coated; no vomiting; bowels have been somewhat constipated, but are now regular. Patient is not compelled to remain in bed during the day, but when lying down rests more comfortably while upon the back. No special mental depression; complains of difficulty in restraining his urine; passes it at short intervals during the night; urine is high-colored, contains no albumen or sugar; slight jaundice; slight œdema of ankles, but no ascites; superficial abdominal veins somewhat enlarged;

pain, which is of a gnawing character, located a short distance above the umbilicus, is increased upon pressure, but not severe enough to demand opiates.

A well-defined tumor was found situated in the median line about three inches below the ensiform cartilage; evident bulging of the abdominal walls, particularly well marked upon the right side, the lower ribs being pushed upward and outward by the enlarged viscus; intestines compressed in the inferior portion of the abdominal cavity. Upon palpation the liver appears firm and unyielding; the outlines of numerous hard nodules can be distinctly traced. Percussion shows the area of hepatic dullness to be greatly increased. An accurate measurement was not made.

From this group of symptoms the case was readily distinguished as one of cancer of the liver.

The patient was placed upon nutritious diet and a small quantity of alcoholic stimulants; ordered twenty drops of the dilute nitro-muriatic acid three times a day.

October 2d. Ate his evening meal with his accustomed appetite, having walked to the dining-room as usual.

October 3d. At three o'clock A. M. symptoms of collapse set in. Pulse small and frequent; extremities cold; respiration labored; temperature  $97\frac{1}{2}^{\circ}$ ; colliquative diarrhea. Ordered stimulants at short intervals, sinapisms and bottles of hot water to the extremities. In a short time reaction set in, the pulse became fuller and stronger, the breathing more natural. There was a return of the normal temperature, and the diarrhea was checked by free administration of opium.

October 4th. Symptoms unchanged.

October 5th. Patient became suddenly comatose; breathes heavily; temperature again fell below normal; pulse small and feeble; return of the diarrhea. Death occurred at three o'clock A. M.

*Necropsy twelve hours after death.* The body livid and emaciated. On reflecting back the abdominal integument

the liver was found greatly enlarged, measuring transversely fifteen inches, longitudinally ten and a half, in thickness five inches, and weighed ten pounds; its entire surface was irregular and studded with grayish-yellow nodules, these varying in size from half an inch to three and a half inches in diameter. Tumors of the same appearance were found imbedded throughout the substance of the viscus; strong adhesions posteriorly and to the right; gall-bladder enlarged and distended with bile; no obstruction of the duct or vein; mesenteric glands indurated; spleen, kidneys, stomach, pancreas, and intestines normal; brain softened, its meninges intensely congested, abundant subarachnoid effusion; both lungs hypostatically congested, the apex of the left adherent to pleura by old and firm adhesions; heart soft, flabby, and pale; otherwise healthy.

*Microscopic examination.* Liver-cells caudate, fusiform, and spheroidal; oil globules and free nuclei numerous; mesenteric glands contain cells of like shape; but little fat is found.

An interesting point in the history of this case is that, notwithstanding extensive degeneration and disorganization of hepatic substance, there was very slight disturbance of the digestive functions. The appetite was fair almost to the day of death. There was no vomiting or flatulence, no constipation, no diarrhea until the scene had well-nigh closed, and the stools were of normal color. Furthermore the autopsy demonstrated that the cancerous disease existed primarily and alone in the liver. The case illustrates a fact mentioned by Andral, in his *Clinique Medicale*, viz., that many of these cases approach a fatal termination before the gravity of the disease is suspected.

LOUISVILLE.

## CONTRIBUTIONS TO THORACIC PATHOLOGY.

BY GEORGE BOUSTLER, M. D.

William McG., aged twenty-eight, entered the army as a private in 1861. During a severe engagement with the Confederate forces he received a wound from a musket-ball, which entered just behind the left clavicle at about the inner point of the insertion of the trapezius muscle, passing downward and across to the right, making its exit near the posterior border or base of the right scapula, midway between the superior and inferior angle of the bone, and about half an inch from the spine. When wounded he was lying on a hillside, and the enemy were firing up from below. A severe rain-storm was prevailing at the time. He was in the hospital one year and nine months, when he was discharged from the service. Up till the winter of 1871 his health was moderately good, being able to support his family by days' labor, and never suffering much inconvenience from the wound. In November, 1871, he was seized with a violent chill resulting from severe exposure; had been sick ten days prior to my first visit. The following was his condition at that time. Upon entering his room the odor was so offensive as to be almost intolerable, and at once led me to suspect gangrene of the lungs. Emaciation was rapidly taking place; pulse feeble and frequent; skin cool and leaking; no appetite; respiration labored and frequent; copious expectoration of a thick, yellow, offensive pus. Physical examination of chest revealed a large cavity in the upper lobe of left lung, and bronchial tubes filled with the purulent secretion. No hopes of his recovery were entertained. Brandy, milk, and beef-tea were freely administered, with an occasional anodyne to relieve pain and cough, the latter being incessant. On the following morning I was very much surprised to find him



better. During the night, in a violent paroxysm of coughing, he expectorated two pieces of bone, the larger weighing twenty-three grains; also a piece of gum blanket the size of a postage-stamp. He wore a gum blanket when he received the wound. He made a rapid recovery, and is now able to perform an ordinary day's labor.

The interesting feature of the case is the presence of these foreign bodies imbedded in the lung structure for such a length of time without producing any serious lesions. The presence of the pieces of bone I can only account for by supposing them to be portions fractured off the scapula by the ball during its course, although there was no evidence of any fracture, as the patient stated, when injured. The piece of blanket was carried with the ball and lodged in the lung.

LANCASTER, OHIO.

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## HOW TO PRACTICE MEDICINE.\*

BY LUNSFORD P. YANDELL, JR., M. D.,

*Professor of Materia Medica and Clinical Medicine in the University of Louisville.*

GENTLEMEN—This evening forms an important epoch in the history of each one of you. Whatever may be your fortunes in life, none of you can ever forget the incidents of this evening, or cease to recur to them with lively interest. The present is one of the great events of your lives, and affects you all the more because you know that there are hearts far away that are gladdened by the knowledge of what is transpiring in this hall to-night. You have been looking forward long and anxiously to this hour when, your pupilage ended, you should step into the ranks of your profession. Pupils no longer, we now take you by the hand as younger brothers.

\*A Valedictory Address: delivered to the graduates, March 3, 1873.

You have been pronounced competent to take charge of the health of your fellow-beings, and a diploma certifying the fact has been with all due ceremony placed in your hands. By the parchment you hold you have been formally admitted into one of the professions which the world has agreed to call learned. You are doctors of medicine by authority of the Commonwealth of Kentucky and of the University of Louisville, an institution which has a name among the medical schools of our country, which numbers among those who have taught within its walls physicians and surgeons of renown, and among its graduates names that have become famous in the profession.

I need not admonish you that in coming into the profession of medicine you have assumed high responsibilities, and that grave duties will rest upon you. Whatever of reputation you may hope to achieve among men you expect to win in the line of medicine, and the good you look forward to accomplishing is to be done through the profession to which you now publicly dedicate yourselves.

Not as legislators or politicians, not as men of letters or as scientists, do you expect to rise to distinction and secure the regard of men, but as earnest, hard-working physicians. In rising to bid you God-speed as you are about to quit your *Alma Mater* and go forth into the world, you have the right to expect of me, as the organ of the faculty, some parting words touching the life which you are about entering. I have thought that in conforming to this time-honored usage I could not spend the moments that remain to us here this evening more profitably than in submitting to you some thoughts *on the Way to Practice Medicine.*

It may be that I should interest you more by giving you some directions *how to get practice.* This indeed is a very grave question, which I fear will cost many of you very anxious thoughts for many a day to come. If it is not already the uppermost thought in your minds, it will doubtless soon

become so, and gladly would I answer the question if I could. To get into business—to become independent—this is beyond all controversy a most desirable consummation. But this sort of success depends upon so many accidents of mind and person; so much upon family connections and religious influence; upon where you fix your homes; upon your tact, manners, address, and numberless other circumstances, that I hardly know how I should go about pointing out any sure road to it. I utter but a truism when I tell you that the surest—at least the best—way to succeed is to deserve success; that merit, like truth, is apt to triumph in the end; that knowledge and skill in the art you profess are almost certain to win in the long run. But in medicine, much more than in the other learned professions, success is a thing of accident. An eloquent young preacher never has long to wait for a “call.” A gifted young lawyer never lacks opportunity to assert his claims to position and business; every body can have proofs of his ability. But the young physician has no open theater upon which he may appear and show what is in him. He is not permitted to volunteer his services. Our Code of Ethics would stop that very soon. He must wait, as the young ladies have to do, to be asked. No matter how great his attainments, no matter how splendid his talents, he must first establish his claims to professional skill. Medical biography teaches that for this reason the ablest men have often had to wait long for practice, while shallow men have got business at once. This reflection should be a great consolation to those of you who may thrive slowly, and I am sure it will not humiliate those of you who may succeed rapidly. Men of every turn, appearance, and character have attained temporary distinction in medicine—the most illiterate as well as the most learned; the weakest and the wisest; men of polished address and men of the rudest manners; the eccentric, the capricious, the irregular, as well as the sedate, the dignified, and the moral.

The popular mind has a scale for graduating the preacher and the lawyer at once, but it has none by which to take the proportions of the doctor. Besides, a popular mind that can be imposed upon by mesmerism and spiritualism; that can credit the stories told of female mediums reading from the pits of their stomachs, or with their finger-tips; that puts faith in planchette; that believes in the possibility of men and tables being suspended in midair by an "*odylic force*," can accept any thing concerning medicine. No humbug about the cure of diseases was ever yet announced so monstrous that it had not its dupes. No charlatan who promises wonderful cures will ever fail to secure believers. So I shall not attempt to point out to you any sure path to business; only reminding you that the great law of nature, "the selection of the fittest," prevails equally in the moral and in the physical world. To mortal eyes this law seems not to be invariable in either; but you may safely believe that if you sow good seed now, while you are young, it will spring up in time to "blossom in your manhood, and yield you fruit when you are old."

This other question on which I wish to say a few words may seem to you at this time a rather unimportant one, since you have read so much and heard so much for years past about disease and its treatment that you naturally feel a good deal of confidence in your preparation to enter the lists with it. You have a very strong conviction of the efficacy of medicines, and of your competency to use them with good effect. This is all well; but I must tell you, as the result of some trials and much observation, that this confidence is likely to be a good deal shaken in the earlier years of your experience; and then you will not condemn any hints that you can find as to the best way to practice physic.

One of the first lessons you will learn at the bedside of the sick is that disease, as seen by you, is not exactly the thing you have had described to you in books and lectures.

I mean that you will often find it difficult from the description of it to make out the disease. Instead of the distinct, palpable entity you have been hearing and reading about, it will put on many times a most ambiguous shape, and appear to you rather a complication of disorders; for so close is the relation of the various parts of our organism that when one suffers all are apt to complain; and you must be uncertain in many cases whether the malady has its origin in the blood or in the nervous system, in one or another of the great organs—the liver, the lungs, the stomach, or the kidneys.

In practice then the first thing you have to determine is, what is the disease with which the patient is afflicted. This is diagnosis; and skill in diagnosis is properly reckoned one of the highest of all the accomplishments of a medical man. To perceive correctly, to distinguish readily between appearances, to decide upon the relations of signs and symptoms to one another, and judge of the significance of all, is a quality of mind enjoyed by different men in very different degrees; but it is one which may be greatly heightened and improved by practice. There are those who seem gifted with the faculty of seeing at once into the nature of a complaint. They look at the countenance and the tongue and feel the pulse, and all is apparently revealed to their understandings; but I would caution you against the belief that you are possessed of such powers of intuition. It is by a careful examination that most of us may hope to arrive at a true conception of the case. Even in external affections, where most depends upon the eye, care and much study are necessary to prevent mistakes. Small-pox is a disease generally pretty easily recognized; but practitioners every now and then confound it with measles, chicken-pox, lichen, and other affections; and the eruption caused by croton-oil has been mistaken for it. It is by the method of exclusion that we reach the true nature of a disease. Beginning with one organ and proceeding to another, there are phenomena connected with each, the presence or absence

of which will determine whether it is involved. By investigating the state of the senses and of the intellectual faculties, by physical exploration, by chemical tests applied to the secretions, by the thermometer and other instruments, it is that you must arrive at the diagnosis; and in instances too many you will have need to bring all these methods into requisition after you have got all the light you can from the history of the case, in order to determine its nature. Allow me then to urge upon you the study of diagnosis.

One of the first questions often that will be asked you is, "Doctor, what ails the patient?" and you will suffer in the minds of his friends if you are not able to answer it. Fortunately, however, the laity are for the most part easily satisfied, and a Greek or Latin word will generally content them. This is one of the advantages, by the way, of a doctor's knowing the dead languages.

The disease once recognized, the next question is, What is to be done for it? The error on this point into which you are most likely to fall is that of doing too much. You will be expected to do something in every case to which you are called. In many families you can hardly avoid giving medicine, no matter how trifling the ailment may be. The sick and their friends will distrust your skill unless you give them physic. They will conclude either that you underestimate the gravity of the disease or do not understand it. Great is the faith of men in the remedial power of drugs, and it will be neither wise nor kind in you to attempt to shake it.

It was the custom in a former age, as you know, to write every thing relating to medicine in a learned language; and some one remarked, while that fashion prevailed, that it is the duty of physicians to relieve their patients *cito, tuto, et jucunde*. No better rule of practice assuredly was ever laid down in any language. The most exacting patient could hardly ask more of his medical attendant than to cure him quickly, safely, and pleasantly. But here you at once meet

a difficulty. One of the most important truths that you have learned from your teachers and from modern medical literature is that many diseases are self-limited in their nature, and run a determined course despite all human power; and that attempts to abort them only diminish the chances of a favorable termination. When it was held, for example, that small-pox, measles, scarlatina, typhus and typhoid fevers, and certain other maladies could be eliminated from the system and cut short by medicine, incalculable torture and innumerable deaths resulted from the practice based upon this now exploded theory. No longer do we attempt to cut short the self-limited diseases, but content ourselves with sustaining our patients with food and stimulants, as may be necessary, now and then treating symptoms and conditions which seem to demand our aid, and trusting to strength of constitution in the invalid to outlive the disorder. Not only in these specific affections, but in acute diseases generally, the tendency of practitioners has been to excessive medication. Regarding disease as something foreign to the system, which could be driven out by medicine—as an entity, an enemy, which it was the physician's business to dislodge—harsh, exhausting remedies were given that proved oftentimes, it is to be feared, allies of the disorder rather than of the sufferer. In addition to the vast and oft-repeated doses of violent and disgusting drugs, patients were bled and starved and denied cooling drinks, and were fed on warm slops, and kept in heated rooms under piles of bedclothes to expel the imaginary poison. When they died the death was charged to disease; when they got well the doctors credited themselves with the cure.

You will have no excuse to follow your ancestors in medicine in these evil ways. You have been taught that there is a restorative principle in living bodies that tends to relieve them of disease, and that time is one of the most essential elements of cure. "Time and I," any one of you

may boast, with the Persian sage, "against any other two." Disease implies want and not excess; and the office of the physician is to correct the disordered action or quiet it, and supply what is deficient. In this view of disease, now generally held, consists in a great degree the superiority of the medicine of this day over that of the age just gone by. Consumption we now often cure by improving nutrition. Epilepsy, once deemed well-nigh incurable, you find a comparatively tractable disease, and curable in the majority of cases. Malarial affections, once a terrible scourge, in our day seldom prove fatal under this improved system of medication.

But if you can not in every instance attempt a speedy cure of your patients, it is your duty always to conduct the treatment upon principles of safety. Said the great Sydenham, "Your first duty is to do no harm." The first quality of a prescription is safety. That "desperate diseases demand desperate remedies" is a baleful proverb. If there be a chance for a remedy to do harm, do not give it; and if there be a doubt as to the necessity of a dose of physic, give the sick man the benefit of the doubt and not the dose.

And now we come to the third condition of the Latin precept. It is your duty to cure your patients as pleasantly as possible. This has been too little considered by the profession. I am not sure that it would not be well to incorporate in our Code of Ethics that every doctor should taste all the medicines he prescribes, in order that he may know the abominableness of some of his prescriptions. Whatever our forefathers may have attempted in the *cito* and the *tuto* line, they certainly gave very little thought to the *jucunde* principle in their practice. In truth, I think the idea of *penance* must have entered into their theories of therapeutics; or else, it may be, they deemed it philanthropic to render their patients so wretched on earth that, if they got to a worse place, they might be better prepared to endure its tortures, and be fitted



to enjoy more exquisitely the pleasures of health if they got well. When such a mode of practice as this was in vogue we can not wonder that men, in their extremity, sometimes called out to the faculty in the words of Crabbe:

"Hold thy hand, health's dear maintainer,  
Life perchance may burn the stronger;  
Having something to sustain her,  
She, untouched, may last the longer.  
When the artist goes about  
To redress the flame, I doubt  
Oftentimes he snuffs it out."

You practice it to be the reverse of this in every particular. Chemistry and pharmacy have put a new face upon the *materia medica*, and you will encounter disease with remedies so gentle, so tasteless, so palatable, so free from all perturbing qualities, that your patients should consider it a pleasure to take your medicine. But I am afraid they will not; for sick people are proverbially unreasonable, and seldom enjoy any thing, especially physic; however, you will have the satisfaction of knowing that you have done your duty.

In all things study the quiet, the ease, the enjoyment of your patients. Give them abundant fresh air and ice and cold water and fruit, when they desire such things. As to food, obey their appetites. Hunger and thirst have been well styled our "physical conscience," which in the sick-room is never to be disregarded. They are safer guides in respect to diet and drink than can be found in all our medical philosophy. They make known to us what the living organism needs. Whatever sick people have a true desire for they ought therefore to be indulged in. When your little patients have been sick a long time, and have become anæmic and emaciated, it may be for want of proper food, have them carried to the table, and allow them to indicate by signs, if they have no words, what their systems require to build them up again. Infants suffer great distress when ill on account of thirst, which they have no way of making known to us

except by their moans and cries. You will often be delighted to see how instantly their complaints cease on your giving the little sufferers a drink of cold water. Dismiss from your minds then and every where discountenance the absurd notion that cold drinks can ever be injurious to the sick. Avoid noise in the sick-room. Whispering too should be discountenanced. The attention of patients is attracted by it, and they are annoyed and fatigued by the effort to hear. Some of my colleagues whisper that this is especially the case with lady-patients.

As a general rule, you may safely trust the feelings of convalescents in regard to sitting up and taking exercise, as well as in reference to diet. In a word, you can scarcely consult the inclinations of the sick too far, except as to physic, of which of course they know nothing. But I must put you on your guard against yielding to the advice of their nurses and friends. Consult with no one but a doctor, and never take a suggestion from a non-professional person. You will encounter numberless sage individuals every where ready to aid you by their counsel, based upon long experience or something they have heard. If you adopt their suggestions, the patient and attendants will soon and naturally conclude that they know as much about physic as you do. It will be well therefore respectfully but firmly to put aside all such interference.

Besides this scrupulous attention to the physical well-being of the sick, you must remember in every case the powerful influence of the mind upon the body, and should seek always to bring its restorative power to the aid of your patients. Cheerfulness does good like a medicine. Hope is one of the most efficient of tonics. Men when under strong emotion will accomplish feats utterly beyond their power in moments of coolness. A story is told of a paralytic who had not walked for years, but recovered the use of his legs in an instant on being thrown down from the shoulders of a terrified friend

in the presence of what both took for a ghost. It is related of the first Napoleon that crossing the Alps, in his second invasion of Italy, by an untried route, he often came to passes in the mountain over which it seemed impossible to urge his heavy artillery. Generally, when the soldiers paused, it was sufficient for their commander to appear before them. A look or a word from him inspired them with new courage and strength, and the train moved forward. But if the obstacle seemed insurmountable, and the column stood still, he commanded the drums to beat and the bugles to sound, as if for a charge, and this, says the historian, never failed. A physician who by his manner inspires his patients with hope and confidence will often do more by his presence alone than one of a timid, hesitating manner may do with all his drugs. And there is another potent influence often invoked in behalf of the sick, though but seldom written or spoken of in our lectures or medical books. *This power is the prayers of good people.*

"More things are wrought by prayer than this world dreams of,"

wisely says the world's greatest living poet. True, many if not most men scoff at prayer when in health and in safety, but sickness and danger are apt to give them faith enough at least to try it. "The handwriting of the Divinity in the soul, though seemingly obliterated, has come out with awful distinctness in the solemn seasons of life," says a great preacher.

In most of the cases to which you will be called the tendency is to health. Time would insure recovery without your assistance. These are the cases in which homœopathy has its strength. In these you can give a favorable prognosis with perfect assurance, and the confidence with which you inspire your patients will be a great auxiliary to your medicines.

The practice of medicine in our day is by no means limited to therapeutics, but embraces also the prevention of disease;

which will probably come to be regarded hereafter as the most important branch of the healing art. Your knowledge of the laws of health will put it in your power to stop a vast amount of human suffering at the fountain-head. You may instruct parents and teachers how children can be raised with strong bodies while their minds are being cultivated and strengthened; how they may be made comely in form and feature at the same time that they are becoming scholars; how their tempers may be softened and their lives made happier by wise physical training; and how scrofula and consumption and other maladies that may be lurking in their young systems can be forestalled.

In pursuing the practice of medicine you are never to forget that you belong to a brotherhood the interests of which you are under obligations to consider in all of your acts. It is your duty to study the peace, the dignity, and the advancement of your profession. You will hardly have been long in practice before you will encounter cases that prove an overmatch for all your science and skill—obscure cases, about which you will be in painful doubt. In such circumstances you owe it not more to your patients and your profession than to yourselves to propose that another physician be called in. I have heard of an old professor who was in the habit of advising his pupils to avoid consultations as long as possible, or at least until the disease had reached its crisis; for the reason that if the change was favorable further counsel would be unnecessary, and they would get all the credit of the cure; and if unfavorable, then the consulting physician would come in for a share of the blame. Your teachers would countenance no such selfish policy. Your patients are entitled to your best efforts, and the moment you begin to have doubts as to your course you ought to suggest a consultation. And when you are called to a case where another physician is in attendance, be conscientious about suggesting changes in the treatment. If a change appear to you important, it

must be proposed. The safety of the patient is always the paramount consideration. But needless changes ought not to be made. They operate to the injury of the attending physician. The apprehension of such unfairness deters many young physicians from seeking consultations when they would otherwise be desirable.

Among the aborigines of our country, we are told, there was a superstition long current, and it may be is prevalent still, that all the virtues of a warrior slain inured to the brave who might have the good fortune to kill him in battle or by stratagem. As many heroes as he killed so many times was he a hero. This superstition, I sometimes think, is far from being peculiar to our Indian predecessors. It has a deep root, if I am not mistaken, in the minds of the Caucasian race of men, and particularly in the medical branch of that great family. I think I may say with truth that I have seen doctors go about mangling the reputation of one another with as "stern a joy" as ever red savage felt in scalping and tomahawking a fallen adversary. They have seemed to fancy that if they could only succeed in dragging an angel down from the skies they would be sure of a place themselves up there. It may be, gentlemen, that, from education or association, you are somewhat tinctured with this superstition. If so, I pray you to dismiss it at once from your minds. You could not cherish a wilder delusion.

In the first place, you seldom do a man, and especially a professional rival, much harm by defaming him; and in the next place, the better you succeed in shaking the confidence of men in your brethren the more effectually you will impair their faith in your profession. The more doctors you can show to be humbugs the nearer you will be to convincing society that medicine is a humbug. That there are charlatans, impostors, and ignorant pretenders in our ranks is but too true. Always there have been such, and the tribe is as full of vitality to-day as ever it was; "age has not withered it

nor custom staled its infinite variety." But let them "severely alone." If the people will employ them, so much the worse for the people, and we can not help it. When the world in general comes to know as much about medicine as we doctors do, then the quacks will starve. For this reason I believe it would be well for all the newspapers and magazines to have a medical editor attached to their staffs, which I have no doubt will some day be the case. Concerning no important science or art is the public so densely ignorant as it is about medicine, and yet no earthly subject is of more vital importance to the public.

In the course of these remarks I have already alluded to our Code of Ethics. You should possess yourselves of the little book containing the code at once, and if you would continue in good standing in your profession you must observe implicitly its laws. It is not a perfect code; and in this age of change, when state and national constitutions are being altered and theological systems are being modified, it is not unlikely that the code may be revised and made better. This suggestion will fill some of our older brethren with vast horror and indignation; but I believe the revision will be made, sooner or later, nevertheless. So long, however, as the code stands as it is you are bound to adhere to its requirements, and will be outlawed by your brethren if you should transgress the rules therein laid down.

But I am detaining you too long. You are anxious, I know, to turn your faces homeward, and I must close.

Gentlemen graduates, in the name of your teachers, I express to you, in parting, the fervent wish that good may be with you all; that "length of days may be in your right hand, and in your left hand riches and honor." Our prayer is that, as you go forth to heal the sick and minister to the suffering, you may find in every trial of your lives, and down to life's close, the peace, the consolation, the strength of those who put their trust in the Great Physician. Farewell!

## Reviews.

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**An Essay on the Climate and Fevers of the South-western, Southern Atlantic, and Gulf States.** By JAS. C. HARRIS, M. D., of Wetumpka, Alabama. Charleston, S. C.: Walker, Evans & Cogswell. 1872.

The subject of this admirable dissertation possessed at one time an absorbing interest, and, although the nature and effects of the poison which operates widely still do not now excite so much attention as formerly, we are sure Dr. Harris will receive the thanks of the profession for his effort to throw light upon the question. His essay is the production at once of a scholar and a practical physician, carefully, candidly written, and full of facts in which all physicians are concerned.

What malaria—the bad air, the marsh miasm, to which we attribute our autumnal fevers—is remains, after all the inquiry to which it has given rise, as much a matter of conjecture as when Lancisi put forth his speculations concerning it. It is still an unknown agent, perceptible by no sense, discoverable by no test yet known to chemistry. We see fevers of a peculiar type prevailing in certain regions of the earth, originating under certain conditions of heat and moisture in conjunction with vegetable matter, and yielding with remarkable uniformity to a specific remedy, and we call them malarial fevers. We infer that a specific poison has been at work producing them because they are *sui generis*; and although it has never been exhibited in a tangible form, few are found to doubt its existence.

The fact most interesting to us of all relating to this morbid agent is that it is disappearing from the earth, or at

least has ceased to afflict wide districts of country over which it once held a most baleful sway. Fifty years ago hardly any disease was more dreaded in the valley of the Mississippi than remittent fever, which recurred annually with all the regularity of the seasons. It was one of the most widespread of our endemics, and the mortality from it, one year with another, exceeded that of any other disease. In all the early settlements it was sure to break out as soon as the forests were cleared away and the sun was let in upon the reeking soil; and for many years after the older frontier states had advanced far in agricultural and social improvement it continued to be the peculiar scourge of the country. Whole neighborhoods along streams and near lakes and marshes were prostrated every summer and autumn by the fever. The miasm appears to have reached its acme in the summer of 1822 or 1823, at which time it prevailed with a malignity unknown before or since that period. Dr. Harris notices the fact that about that time it swept over Alabama with marked severity, in many places assuming the fatal type of yellow fever. During the summers just referred to it was epidemic in Louisville. It was so general that there were not enough people in health to wait upon the sick, and much suffering resulted from the scarcity of nurses in the town.

How all is now changed in respect to this fever we need not point out to our readers. It is obvious to every observer. We have remittent fever as a prevalent disease outside of the Gulf States no longer. Now and then a case may be seen, but it is rare to meet with one in the valley of the Ohio. To be sure, there are physicians who hold that the apparent change is due to medical treatment; that we abort the fever by quinine, or convert it into an intermittent; and that under the old plan of treatment we should have as many cases of the remittent type as ever. We are persuaded that this is a mistake, and that the malaria which develops remittent fever has nearly ceased to operate in wide latitudes where it was



once active. But while this is true of the remittent form of miasmatic fevers, it does not hold in regard to intermittents, which still maintain their ground. It can hardly be said that intermittent fever is less prevalent in late years than it was when its kindred fever raged with greatest malignity. And this must be regarded as a singular fact; for we have been in the habit of looking upon intermittent and remittent fever as mere modifications of the same morbid condition—intermittents now and then running into remittents, and remittents being convertible into intermittents by proper treatment. The subsidence of remittent fever while intermittents continue to prevail as widely as ever would seem to show that the diseases depend upon different causes.

Dr. Harris, in his essay, has furnished a valuable contribution to our literature on this subject. He shows himself to be a close and patient observer and a correct and logical thinker, who has made good use of all the researches of others in the same field. He has embodied in his little work a fund of information relating to climate and topography, which will be of the greatest value to those who may wish to follow him in this line of inquiry. His sketches of the country are clear and interesting. He is a firm believer in malaria as something different from spores or animalcules, and his arguments in support of his view strike us as conclusive. In reference to quinine, he believes, with Dr. Baldwin, that it may be pushed so far as to produce injurious effects; and his practice is to give not more than thirty or forty grains a day, especially in cases of a congestive type. He insists upon the importance of restoring the secretions, which are always suppressed or disordered in the disease; and for this purpose he gives eight or ten grains of calomel in combination with a quarter of a grain of acetate of morphia, which he repeats in four hours, "according to the amount of hepatic derangement present, until two or three portions are given."

Appended to his topographical sketches of our south-

western states Dr. Harris has given a map and a meteorological account of the Dead Sea region, compiled from the report of Lieut. Lynch, which adds very much to the interest of his work. We hope a new edition of the essay will soon be called for, and that the experienced author will go into fuller details respecting his treatment of fevers. His essay is gracefully dedicated to his distinguished countryman, Dr. Wm. O. Baldwin, who is every way worthy of the honor.

L. P. Y.

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**The Diseases of the Stomach.** By WILSON FOX, M. D., F. R. C. P., F. R. S., Physician Extraordinary to Her Majesty the Queen, etc. London and New York: McMillan & Company. 1872.

**A Manual of Chemical Physiology,** including its Points of Contact with Pathology. By J. L. W. THUDICUM, M. D. New York: William Wood & Co. 1872.

It is about fifty years since Sir Wilson Philip wrote his elaborate treatise on Indigestion, which for a good while was the highest authority on the subject. Not quite half a century before, the illustrious William Hunter was in the habit of saying in his scholarly lectures, "Some physiologists will have it that the stomach is a mill; others, that it is a fermenting-vat; others again, that it is a stew-pan; but in my view of the matter it is neither a mill, a fermenting-vat, nor a stew-pan, but a stomach, gentlemen, a stomach." In looking somewhat carefully through the numerous references of Dr. Fox to the authors who have treated of dyspepsia we have not found any notice of Sir Wilson Philip's work; and as to the doctrine of Hunter in regard to the independence of the stomach of all laws except those of vitality, we may safely say that it is universally repudiated. Every page of the works before us affords evidence of the changes which have taken place in physiology and the practice of medicine in the last

century; and they also afford melancholy proof of the brevity of life among medical authors. "Are we forgotten so soon?" most of them would exclaim, with Rip Van Winkle, could they revisit the scene of their earthly labors. The books we studied when pupils in medicine have long since been laid aside, and their successors in turn have been superseded by others representing more faithfully the medicine of our times.

Dr. Fox has put forth a volume of uncommon excellence, which we feel very sure will take a high rank among the works that treat of the stomach. After a clear account of the symptomatology of this viscus, he takes up the special diseases to which it is subject—to wit, atonic dyspepsia, neurones, acute catarrh, chronic catarrh, ulcer, cancer, hemorrhage, hypertrophy, stricture of the cardiac orifice, dilatation of the stomach, obstruction of the pylorus, softening, rupture, perforation, and tubercle. While some gastric complaints are among the most frequent of all our bodily ailments, fortunately some of those just enumerated are rarely encountered in practice. Few indeed are the individuals so happy as to go through life without some annoyance from indigestion. Cancer, tubercle, perforation, and rupture of the stomach are calamities with which few comparatively are afflicted.

Atonic dyspepsia is an exceedingly common complaint, resulting as it does from any of the thousand causes that impair the general vigor of the body. Always chronic, it is, as a general rule, unattended by fever, and makes itself known by weight, uneasiness, and languor after a meal. As dyspepsia is merely a symptom of disorder of the stomach, so this form of the affection indicates a want of vital power in the general system; and the treatment must have reference to this condition of things. It is chiefly regimenal and dietetic. Medicine may aid, and Dr. Fox mentions strychnia, the mineral acids, mineral waters, and ipecacuanha in half-grain doses before meals, as having proved beneficial; but it

is to obviating costiveness, regulating the diet, and taking exercise that the patient must look for securing good digestion. His physician may suggest a bill of fare, but in the matter of diet the dyspeptic must at last learn to minister to himself. No rule, except the rule of eating what is found digestible, can be laid down as even generally applicable. If leading a laborious life, he must rest for a short period after eating; and if a student, he must not tax his mind severely during the first stage of digestion. Whatever has induced the general debility should be corrected. As supplementing the natural solvent of the stomach, pepsin is much recommended in atonic dyspepsia.

Very closely allied to the foregoing variety of dyspepsia is that condition of the stomach to which the terms morbid sensibility and gastralgia have been applied, and which Dr. Fox describes under the name of neuroses of the stomach. As the latter phrase implies, this is an affection connected with disorder of the nerves. It is more common in early life than in old age, and in females than in men. Hysteria and hypochondriasis are among its phenomena. The treatment is tonic and stimulant. "The discovery and cure of any source of peripheric irritation from which the symptoms may originate is of the very first importance." They often have their start in uterine disorders, as all physicians of experience must have remarked, and disappear when the primary disease is relieved. Nux vomica, bismuth, the nitrate and oxide of silver, and opium are the remedies chiefly relied on by Dr. Fox in this affection. The sulphate and oxide of zinc have also been found useful in the irritable state of the system resulting from anxiety and exhaustion. In some cases attended by obstinate vomiting relief is afforded by rest to the stomach, only a spoonful of milk being given to the patient at a time, and repeated at short intervals.

Acute gastric catarrh is an exceedingly common affection, and gives rise to a majority of the acute attacks of indigestion.

It may be attended with pain at the epigastrium, vomiting, thirst, and febrile reaction; or it may only be revealed by general malaise, constipation, and headache. In nearly all cases there is want of appetite, so that the patient is not likely to commit errors in the way of diet; but the food taken should be mild and unirritating. Purgatives have the best effect in the milder cases. Beaumont relieved his patient, St. Martin, of headache, furred tongue, and sallowness of skin, restoring his appetite, by "full doses of calomel and aloes." There is no question that the pill so extensively used in all our southern and southwestern states, composed of calomel, aloes, and rhubarb, is one of the best remedies in this form of dyspepsia. The other remedies spoken of by Dr. Fox are bismuth, effervescent drinks, ipecac, saline laxatives, and hydrocyanic acid, as symptoms may demand. Mineral waters possessed of laxative virtues exert the happiest effect, and as habitual aperients may be regarded as the best.

Chronic catarrh of the stomach embraces a large number of the cases of obstinate chronic dyspepsia, the worst of which have their rise in ulcers or cancer. These last are recognized by the greater severity of the symptoms attending them. Among the occasional causes of this form of dyspepsia, though by no means a common one, Dr. Fox properly mentions the abuse of stimulant, tonic, and purgative medicines. The treatment must vary with the cause of the disease. In cases succeeding an acute attack the sedative is the most salutary plan; and of all single remedies our author considers bismuth the most efficacious, combined with magnesia, or where there is much nervous irritability of the stomach, with morphia and hydrocyanic acid. Arsenic has been recommended by some authors, and the mineral acids are often useful given with meals, and in combination with pepsin. Purgatives Dr. Fox would give with caution; but he has found in cases induced by excess in eating no plan more serviceable than free purgation with mercurials. Mercurial purgatives, he adds, are also

of use in cases of congestion of the stomach arising from disorder of the liver. "Cases occasionally occur where a severe and long-continued inflammatory condition of the stomach, which has resisted all other remedies, and also a careful dietetic regimen, yields promptly to a mild mercurial course sufficient to touch the gums." Habitual constipation may be overcome by pills having aloes as a constituent, and is a condition never to be lost sight of in the treatment of dyspepsia.

For want of space we are compelled to omit any notice of the other subjects treated of in this admirable work; and in what we have written we have not been able, for the same reason, to give the author's remarks on the etiology, symptoms, and diagnosis of the various forms of dyspepsia, which to the student will prove the most interesting and useful part of his treatise.

Dr. Thudicum's work embraces an account of physiological or animal chemistry as now extant, and an analytical guide for students engaged in that study. It is necessarily concise, but will be found to be a complete synopsis of the facts pertaining to the science of which it treats. The author makes it very clear that animal chemistry is still in an immature condition. Theories in reference to morbid states of the body, based upon chemistry, have proved for the most part to be utterly baseless. The glycogenic function of the liver, one of the most noted of them, is still *sub lite*. And "on the whole," remarks Dr. Thudicum, "there is at present neither a plausible theory nor a rational treatment of diabetes; as evidenced by the fact that noted physicians now maintain that diabetic patients eating promiscuously every thing are better off than patients who abstain from starch and confine themselves to the anamalyc diet so elaborately prescribed by Bouchardat."

Of pepsin he says it is not destroyed during digestion, but transforms great quantities of solids into a fluid state

by what is termed "contact action." The quantity of gastric juice secreted daily in the human stomach has been estimated at from sixteen to thirty pounds. The secretion of the hydrochloric acid from the stomach glands, so far from vital, is regarded as a "chemolytic process," by which salts of alkalies are split up into acid and base. The stomach itself is believed to be protected against the corrosive action of its own secretions by a chemical process; the hydroxide of sodium keeping the blood and tissues alkaline, and thus neutralizing the acid by which the coats of the stomach would be dissolved. The hydroxide of sodium soon becomes carbonate of soda in the blood, and enters into bile in the liver. Bile precipitates pepsin; and when it is regurgitated into the stomach at once arrests digestion, and therefore puts an end to pepsin digestion in the duodenum, and favors the alkaline digestion of the pancreas. Chyle is a composite fluid, containing much fat, to which it owes its milky appearance, with fibrine, potassium-albumen, the ordinary albumen of serum, lactates, sugar, and a certain amount of alkaline salts—the materials, in a word, by which the blood is constantly renewed. Hemato-crystalline is the most important of all the constituents of the blood, and its optical and chemical phenomena afford the most certain diagnosis of that fluid where its character is questioned in medico-legal cases. A diminution of this element constitutes the morbid condition known as chlorosis or anæmia.

The blood-corpuscles are carriers of oxygen, but not of carbonic acid, which is held in solution by the serum. The excretion of this gas from the lungs "is an act of specific secretion," in the opinion of Dr. Thudicum; and so is "the act of first breathing," though he fails to make the proposition clear. We confess we are not able to see in what respect the transpiration of carbonic-acid gas bears any resemblance to secretion, much less the first act of breathing in the new-born child. In cholera, he thinks he has shown, the serum refuses to perform its function, and the corpuscles, exhausted

of water, cease to carry oxygen; oxidation of waste tissue fails as a consequence, and the temperature necessarily falls. Hence the algid condition in that disease. The breath, ordinarily consisting of water and carbonic acid, with oxygen and nitrogen, may contain carbureted hydrogen in diseases, as well as ammonia. "These investigations have only just become possible by the invention of an apparatus which admits entire persons to be observed for days in glass chambers, and their excretions to be accurately analyzed and determined. By means of this method it has now been found that man during sleep stores up a quantity of oxygen in his body, particularly his muscles, which is therefore ready for the production of force the moment it may be wanted." These facts are exceedingly interesting, but we have doubts whether the method by which they are reached would be entirely satisfactory to the subjects of the experiments. To be shut up in a close glass house for days, it occurs to us, would be any thing but agreeable, even for the laudable purpose of enabling scientific observers to determine the exact nature of one's excretions.

The supposition that bile is secreted in greater quantities under the operation of mercurials, Dr. Thudicum pronounces "an exploded fallacy," bile not decomposed having never been found in the fæces; and yet he states that the anomalies of fæces are quite unknown. Bile may be decomposed by that process of chemolysis which takes so important a place in the functions of the intestines. Anyhow, the fact remains that mercury exerts the happiest effect in disorders supposed to be connected with the liver, whether by increasing the secretion of bile or by some other unexplained action.

But we can not continue any further our notice of this interesting little volume, only adding that it is one of the most instructive that has appeared on the subject of animal chemistry.

L. P. Y.



## Clinic of the Month.

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CHRONIC ULCER OF THE STOMACH.—In the work of Dr. Wilson Fox, a review of which will be found in another part of this journal, the following admirable summary of the treatment of chronic ulcer of the stomach occurs:

"1. Rest; 2. The cure of conditions of the stomach which cause undue acidity from fermentation or hypersecretion; 3. The relief of pain; 4. The relief of vomiting; 5. The arrest of hemorrhage; 6. The relief of constipation; 7. The treatment of perforation. The measures indicated under the first two divisions are in great part regimenal and dietetic. Medicinal remedies also aid these, and are applicable to most of those subsequently named.

"1. It has been seen that many of the most urgent symptoms result from the movements of the stomach in the act of digestion; and our first indication is to reduce these as far as possible to a minimum amount, and to maintain the strength of the patient by the smallest quantity of the most digestible food necessary for this purpose, and especially to avoid distension of the stomach by any single large meal. The same principle should be kept in mind by endeavoring to reduce as far as possible all waste of tissue by bodily exertion; and for this purpose complete rest should be enjoined, and the warmth of the body should be fully maintained by external clothing. Confinement to bed during all the severer exacerbations is almost indispensable. Cruveilhier's method of restricting the patient to a milk diet has been justified by the success which usually attends this plan. The milk should be given in small quantities, rarely exceeding a tea-cupful, at

intervals of two hours; and in severer cases, or when vomiting is frequent, the amount must be restricted to table, dessert, or even tea-spoonfuls. Long fasting is highly undesirable, and it is therefore better that the patient should be occasionally awakened in the night than that many hours should elapse without taking nourishment. The milk is often better borne when mixed with well-boiled arrow-root or biscuit-powder, since its coagulation into masses in the stomach is thereby prevented. It should not be taken too hot; but there are great differences in individual patients with respect to the temperature at which their food can be taken. Some German authorities recommend buttermilk as a substitute, when milk in its ordinary form appears to disagree; or under these circumstances it may be diluted with water, lime-water, Carrara-water, or soda-water. The last combination is often the most agreeable to the patient. This method may often be continued for many days, or even a fortnight or three weeks, with great benefit; though at the end of this period the patients often acquire a great disrelish and even aversion to the milk diet, and some change may become necessary. It must, however, be borne in mind that occasionally an idiosyncrasy appears to exist against milk, which is not digested, but gives rise to flatulence, acidity, increased pain, and even to vomiting. In the case also of elderly people milk sometimes fails to nourish, and unless a different diet be adopted the emaciation and loss of strength of the patient will increase. Under such circumstances recourse must be had to animal broths, made strong, but given cool, and in similarly small quantities at each meal. If pain be severe, or vomiting urgent, I have found great benefit result from the adoption of the method proposed by Dr. Balthazar Foster, of withholding all nutriment by the mouth, and administering food entirely by enemata of strong beef-tea or milk, with which brandy may be combined or not, in doses proportioned to the strength of the patient. Opium may also be given in these enemata, and it

not only enables the rectum to retain them longer, but also alleviates the other symptoms. As the state of the patient improves, and the more urgent symptoms subside, more latitude may be permitted; but great caution should be exercised in this respect, even during periods extending over some years. Indigestible food of all kinds must be strictly forbidden, and great care must be continuously exercised to avoid undue distension of the stomach with any single meal, and the more so as the excessive appetite may often tempt the patient unduly to indulge in this respect. Hence, with the precaution that each meal should be small, food should be given at intervals of three or four hours, and milk may with advantage form a considerable proportion of the diet. Lightly-boiled eggs, when these agree, and the more digestible meats, which at first should be well stewed, may be cautiously indulged in. Bread should be eaten stale or toasted; but the use of vegetables should at first be restricted to potatoes in small quantities, and these are often replaced with advantage by macaroni. The importance of a perfect mastication of the farinaceous articles of diet, and indeed of all the food, should be strongly insisted upon. Hot liquids, and especially tea and coffee, should be almost permanently excluded, and should when possible be replaced by milk and water, or by cocoa made from the nibs. Malt liquors are generally found to cause flatulence, and to aggravate the pain. Dr. Brinton has, however, observed that they sometimes agree in the case of elderly people. When stimulants appear to be required dry sherry or pale brandy, in small quantities and largely diluted with water, is the best that can be taken. Sugar, since the objection made to its use by Cruveilhier, has fallen into general disrepute, and it should certainly be only moderately indulged in. It is a powerful stimulant to the mucous membrane of the stomach, and it also easily undergoes acid fermentation—properties which tend to render its use undesirable.

"2, 3. The therapeutic measures under the second and third divisions include most of the remedies ordinarily employed in the treatment of ulcers of the stomach; and it is a question how far their action is directly excited on the disease itself, or in what measure their beneficial agency is due to their influence on the surrounding mucous membrane. The main object in the latter direction is to diminish hyperæmia and its causes, and to check catarrhal action; but as these indications can scarcely be distinguished separately, it will be best to speak of individual remedies which may be employed for these purposes. The influence of bismuth in these disorders is too well attested to need any apology for placing it among the first on the list of appropriate remedies. Its beneficial effects in catarrhal conditions of the mucous membrane have been already treated of. Whether or not it exerts any direct influence on the ulcerated surface may be open to question, but such an action would at the least not appear improbable. It appears also to exercise an influence in checking hypersecretion, and for this purpose may be advantageously combined with kino and opium, both of which possess a similar power, or with opium or morphia alone when this symptom is less marked. It may be administered in the form either of the subnitrate or subcarbonate suspended in mucilage. I have rarely found it necessary to administer a larger quantity than ten grains for a dose, repeated four times in the twenty-four hours; but Dr. Brinton has employed larger quantities, as a scruple. Opium is the remedy chiefly to be relied on for the relief of the pain and vomiting. The amount given should be sufficient for the more or less complete removal of the pain; and in severe cases several grains of the crude drug may often be given advantageously, in divided doses, in the course of twenty-four hours. The utility of the salts of silver has been warmly disputed. There can be little probability that the nitrate in the small doses in which it can be administered (which should rarely, if ever,

exceed half a grain to a grain) exercises an action on the surface of the ulcer similar to that which follows its application to external parts, since so large a proportion must, from the mucous present in the stomach, be immediately converted into the insoluble chloride. Its agency, however, in catarrhal affections of the stomach, and in cases where from the pain and vomiting there may have been great reason to suspect the presence of an ulcer, is so unquestioned that, though standing second to bismuth as a remedy in this disease, it may be regarded as a valuable adjuvant to our resources in cases where this remedy does not appear to exercise its wonted beneficial effects, and it will sometimes be found to relieve pain after bismuth has failed. The employment of alkalies, among which may be included the bicarbonates of potash, soda and magnesia, and lime-water, should be restricted to those cases where, together with flatulency, there is evidence of acidity resulting from fermentation in the food. The presence of free acid of this nature must exercise an injurious influence, both on the surface of the ulcer and on the mucous membrane of the stomach, which may be appropriately neutralized by these remedies given between meals. Under other circumstances their use is injurious, as tending, when given on an empty stomach, to excite the secretion of the gastric juice; and, except as simple palliatives, they are of no value in the acidity resulting from hypersecretion, which is best controlled by the treatment before mentioned. In cases, however, where they are applicable the use of the natural or artificial Carlsbad-water has been found advantageons, and it has been highly praised by Ziemssen for its aperient action. Ziemssen considers that, in addition to the neutralization which it effects on the acid contents of the stomach, it has the further beneficial action that it tends to promote peristaltic action of the viscus, and thus to prevent undue delay of the food in its interior and consequent fermentative processes. When the severer symptoms have subsided, if there be

evidence of anæmia, the use of iron may be advantageously resorted to. The neutral preparations—such as the ferrum redactum, the ferri ammon. cit., or potass. tartrat., the carbonate of iron, or the mist. ferri co.—are those most suitable. They should at first be given in small doses after food, and their employment is to be discontinued if pain supervene. The recommendation of Abercrombie of the ferri sulph. in combination with aloes has been indorsed by Hænoch; but I confess that I regard those above mentioned as safer remedies in these cases. Pain of a severe kind, indicating the extension of the ulcer, requires additional care in restriction of the diet, and in enforcing absolute rest. It is, as has been already stated, most effectually relieved by opium, to which, for this purpose, hydrocyanic acid is decidedly inferior. The effect of position should also be tried. Warm cataplasms and fomentations also afford relief, and a marked effect of this kind is sometimes produced by the application of a few leeches over the epigastrium, especially if the pain is localized in this region. Their number should, however, be limited to two or three, and it is not necessary or desirable to encourage free bleeding. Counter-irritation does not seem desirable during the attacks of severe pain; and in some instances, when an ulcer has appeared to have formed adhesions near the surface, the application of a blister has been followed by increased suffering; but in the intervals and during the course of the disease the use of remedies of this class has been recommended by many careful observers, and when combined with other suitable measures appears to have conduced to a cure. Osborne recommended an issue made with caustic lime, but the least distressing counter-irritants are either mustard poultices, small blisters not exceeding the size of a five-shilling piece, or friction with croton-oil.

“4. Pain is also frequently alleviated by the warm bath, and the prolonged use of this remedy has been recommended both by Cruveilhier and by Andral, not only for this purpose,

but also as an aid in checking vomiting. The pain of flatulent distension and spasm, though often relieved by opiates, requires occasionally from its severity a departure from the general principles of treatment observed in these cases. Emetics can not be too strongly forbidden; but the use of warm liquids sometimes relieves the spasm and promotes the evacuation of the flatus, or even the regurgitation of the contents of the stomach, in which these attacks commonly end. The aromatic spirit of ammonia may also be used for the same purpose. Nausea and vomiting may be treated, in addition to the remedies before quoted, by ice in small quantities, and by effervescent containing hydrocyanic acid, though the latter are of less efficacy than preparations of opium. This symptom, when obstinate, requires the most extreme restriction of the diet; and it is often advantageous during some hours, or even some days, to avoid introducing any food into the stomach, and to maintain the strength of the patient by nutrient enemata given in as small a bulk as possible. Milk, beef-tea, eggs, and, if necessary, small quantities of brandy, may be given in this manner; and Dr. Brinton, on the advice of Dr. Hawkins, employed cod-liver oil for this purpose with beneficial results. Even opiates may thus be administered with advantage when rejected if given by the mouth. Thirst may be quenched by slowly sucking small pieces of ice. Vomiting appears in some conditions to be maintained by a loaded condition of the bowel, and in these the administration of a purgative enema is often beneficial.

"5. Hemorrhage must be controlled by cold and by direct astringents. I have found none so dependable as the acetate of lead given in doses of three or four grains, in combination with a quarter of a grain of opium, every two or three hours. Turpentine has been recommended by Hunter, and its utility has been confirmed by Drs. Graves and Seymour. Dr. Budd thinks it more useful in cases of capillary hemorrhage than when the blood proceeds from larger vessels. The use of

other remedies of this class will be further alluded to. Ice internally may be employed with advantage for the same purpose, and this agent and also opiates are useful in checking the movements of the stomach in the effort of vomiting, by which the tendency to bleeding is necessarily aggravated. During the continuance of this symptom the most absolute rest of body must be enjoined. The diet should be restricted in the same manner as when vomiting is present. When severe collapse is threatened stimulant enemata may be given and ether inhaled. It is important also to watch the fecal evacuations after the hematemesis has ceased.

"6. Constipation is always to be treated with caution. An almost universal consent has proscribed mercurial preparations as injurious. When it does not nauseate or cause vomiting there is no better laxative than castor-oil; but in the numerous instances in which its use is prevented by the intolerance of the patient the best substitutes are aloetics and the pil. colocynthidis composita. The administration of purgatives by the mouth should, however, as far as possible be avoided, and the action of the bowels assisted by cold or tepid enemata, in which manner also castor-oil may be beneficially employed.

"7. When perforation is threatening or has occurred the most absolute repose to the patient and also for the stomach is an object of primary importance. In the former case Miquel has recommended that such a position should be maintained as to leave the ulcer free from contact with the contents of the stomach. When the event has taken place no agent appears to have any curative influence but opium, and its use must be continued for many days. The nutrition must be also conducted entirely by enemata. The only favorable recorded terminations to this event are those where these plans were pursued. If life should fortunately be prolonged, the importance of a long-restricted diet, so as to avoid the distension of the stomach, can not be too strongly insisted



upon. Finally patients should be warned that in intervals of comparative immunity from urgent symptoms they are still in danger of relapses; and a case by Cruveilhier, in which a return of the ulceration after many years of immunity followed the free exhibition of purgatives for a cerebral affection, may well awaken the question put by that distinguished author, whether these remedies were not truly the cause of the relapse, and should induce caution in all treatment, hygienic and medicinal, of patients in whom the disorder has once existed. The later effects arising from constriction of the pyloric orifice may be obviated by the use of a diet chiefly solid in order to avoid distension by flatulence, or, when this has occurred, by the employment of the stomach-pump after Kussmaul's method."

PROCIDENTIA RECTI.—Mr. Allingham, in his work on Diseases of the Rectum, says of treatment of protrusion of the rectum in children that it is generally successful. It should first be addressed to the removal of any source of irritation. This accomplished, a cure is speedily effected. When no source of irritation can be discovered, the general health must be attended to. The child should never be allowed to sit and strain at stool. The motions should be passed lying upon the side at the edge of the bed, or in a standing position, and one buttock should be drawn to one side, so as to tighten the anal orifice while the fæces are passing. This device he has found to be very useful.

When the bowels have acted the protruded part ought to be well sluiced with cold water, and afterward a solution of alum and oak-bark, infusion of matico, krameria, or weak carbolic acid, should be thoroughly applied with a sponge. The bowel must then be returned by gentle pressure, and the child remain recumbent for some little while, lying upon its face on the couch, before running about. If there be any intestinal irritation, he generally orders small doses of hydrarg.

cum cretâ, with rhubarb at bed-time, and steel wine two or three times in the day. When the child is very ill-nourished cod-liver oil does much good. The diet should be nourishing and digestible. If these mild measures do not succeed, he finds the application of strong nitric acid the best remedy. Chloroform should be given, and the protruded gut well dried. The acid must be applied all over it, care being taken not to touch the verge of the anus or the skin. The part is then to be oiled and returned, and the rectum stuffed thoroughly with wool. A pad must after this be applied outside the anus, and kept firmly in position by strapping-plaster, the buttocks being by the same means brought closely together. If this precaution be not adopted, when the child recovers from the chloroform, the straining being urgent, the whole plug will be forced out, and the bowel will again protrude. When the pad is properly applied the straining soon ceases, and the child suffers little or no pain. He always orders a mixture of aromatic confection, with a drop or two of tincture of opium, so as to confine the bowels for four days. He then removes the strapping and gives a tea-spoonful of castor-oil. When the bowels act the plug comes away, and there is no descent of the rectum.

He has had experience of this treatment in a great many cases, and has never known it to fail if properly carried out, and only on two occasions has he had to apply the acid more than once. The result also is not a temporary but a permanent benefit.

THE EFFICACY AND MODE OF EMPLOYING COLLODION IN ERYSIPELAS.—M. Broca has again recommended the application of collodion in cases of erysipelas in the following manner: a layer of collodion should be applied round the margin of the erysipelatous blush for a distance of from six to eight centimetres, and also over the affected part. The object of the former is to exercise a circular compression, so as to

separate the affected part from the rest of the cutaneous surface. It is necessary to examine these layers once or twice daily, and to repair the fissures which occur. The collodion used must be free from oil. It is rare to see the erysipelas spread after these applications, under which it is in a short time extinguished.

Collodion is extensively used in many English hospitals, and, we believe, with good results. It should first be applied to the healthy skin, in three or four layers, extending to a distance of at least three inches from the margin of the erysipelatous blush, and afterward over the diseased surface. The object of this method of proceeding is to prevent the conveyance by the brush of any material which may possibly be of a contagious nature. At some large hospitals the ethereal solution of nitrate of silver is much used, and with fairly good results. The objections to it are twofold: first, on account of its blackening effect, which prevents one seeing if the disease be spreading; and secondly, because of its disfigurement, especially when applied to the face. This latter effect, surgically considered, is of little importance, but the first influence on the minds of relatives is occasionally not a little astonishing. We can not here discuss the questions as to whether erysipelas is purely local in its origin, in the local idiopathic sense, or requires a previous traumatism, either accidental, surgical, or pathological, which may be excessively minute; or whether it necessitates an anterior constitutional state which predisposes to its occurrence. No doubt the solution of these problems might modify our treatment; but in the mean time experience has taught that general as well as local remedies are necessary in the large majority of cases, and topical applications are used, while general treatment, in the way of iron, iodine, etc., by those who believe in them, and stimulants almost universally, are employed. Before we can say with any approach to certainty that a certain remedy or combination of remedies acts in any special or general way,

we must have a much larger experience of the natural history of disease, of its duration first without and then with certain methods of treatment, and of similar modes of medication in various individuals. Various other procedures of experiment and observation, by which we may test the value or inutility of our interference, suggest themselves to the mind; and it would be a great step in the right direction if an army of duly-qualified medical observers and experimenters could be organized to undertake the examination of certain leading questions in the domain of therapeutics. (Edinburgh Medical Journal.)

MERCURIAL TREATMENT OF SYPHILIS.—A discussion took place at the Medical Congress of Lyons, at the end of September last, which, from the importance of the subject, the competence of the speakers, and the exclusively practical nature of the arguments advanced, is worthy of attention. The Congress of Lyons shows that syphilographers are divided into three classes—the mercurialists, the non-mercurialists, and the eclectics. Among the first were included MM. de Méric, Pacchiotti, Clerc, Drou, and Rodet; among the second, MM. Armand Després and Drysdale; and among the third, MM. Diday, Gailleton, and Clément. Experience, it was argued by M. Clément, teaches us that if mercury does not attack syphilis, it at least affects its manifestations to an extent indeed that it may be said to abolish its effects, so that a syphilitic man may procreate perfectly healthy children. To this view many of the speakers were inclined, but considerable difference of opinion existed as to whether mercury should be given to a man who had simply a chancre. M. Diday adduced seventy-four observations directed to this point. Of these twenty-five had been at once submitted to mercurial treatment, while forty-nine only had general treatment during the primary period. Among the twenty-five, secondary affections appeared on the average forty-nine days

after the appearance of the chancre; while in the forty-nine, secondary affections appeared forty-three days after the *debut* of the chancre; that is to say, six days sooner than the others. The effect of the mercury would therefore appear to be very slight on the secondary action of syphilis. M. Diday, however, further found that in the patients non-mercurialized at the outset slight secondaries occurred in thirty-four per cent. and severe in ten per cent; while in those who had taken mercury during the period of chancre the ratio of slight cases was only twenty-four per cent. and of severe twenty per cent. M. Diday concludes that the intensity of syphilis depends less on the treatment adopted at the outset than upon the constitution of the patient and the extent to which the general principles of hygiene have been observed. M. Clerc, who is a strong mercurialist, pointed out various circumstances that in his opinion explain the want of success frequently met with in the use of this remedy. First, it is given in insufficient doses; there is nothing to fear in producing slight stomatitis. Secondly, there are often defects in the mode of administration. Thirdly, hygienic conditions are often neglected. Insufficient exercise, the abuse of wine and tobacco, debauchery, often obviate the good effects of a mercurial course.

M. Clerc commences the administration of mercury as soon as the chancre appears, because from this date the system is affected. He does not believe or anticipate that it will arrest its development entirely, but he thinks it exerts a material influence in retarding their appearance and reducing their violence. M. Gailleton, a partisan, like M. Diday, of the doctrine of successive developments and extensions of the disease, employs the mercury only when secondary symptoms have manifested themselves; there he thinks it stops. M. Rodet, of Lyons, commences the use of mercury at once after the chancre has made its appearance. He pushes the remedy vigorously, and changes the preparation frequently, to get a speedier and more prolonged action. Commencing generally

with the bichloride in increasing doses, he exchanges it for a time after the protiodide; and finally, gradually diminishing the quantity of this, replaces it with iodide of potassium. M. Pacchiotti thought that mercurial frictions had been too much neglected; while M. Drou alluded to the employment of the method of subcutaneous injections, which he was of opinion might sometimes be advantageously employed instead of other plans. (Practitioner.)

A REMEDY FOR COLDS.—Dr. Dobell, in his work on Winter Cough, declares that *colds can be stopped without lying in bed, staying at home, or in any way interfering with business—provided* the treatment be begun directly the first signs of catarrh show themselves in the nose, eyes, throat, or chest. When the cold has become established it will not answer. The treatment is as follows: 1. Give five grains of sesquicarbonate of ammonia and five minims of liquor morphia in an ounce of almond emulsion every three hours. 2. At night give an ounce and a half of liquor ammonia acetatis in a tumbler of cold water, after the patient has got into bed and been covered up with several extra blankets; cold water to be drunk freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. 4. Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bedtime the second night give a colocynth pill. No more than twelve doses of the mixture from first to last need be taken, as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.

## **Notes and Queries.**

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KENTUCKY STATE MEDICAL SOCIETY.—The next annual meeting of this Society will be held at Paducah, commencing on Tuesday, the first day of April. From the exercises provided the meeting promises to be one of the most spirited and interesting ever yet held by the Society. Dr. Lewis Rogers, its president, and the foremost physician of Kentucky, will deliver an address on the occasion, which alone ought to be sufficient to secure a large attendance. Delegates from the State Societies of Tennessee, Ohio, and Indiana are expected to be present, and reports are promised by numerous committees. Kentucky, we believe, will do herself justice at this meeting of her Medical Society.

REVACCINATION.—The health officer of Springfield, Mass., is a woman. Shortly after her appointment to the place one single young man had her to vaccinate him twenty-five times, in quick succession. We always have believed that this would be the way in which the "dear creatures" would be imposed upon.

WOMAN, "COY AND HARD TO PLEASE."—The Philadelphia Medical Times is responsible for the following: "After a recent examination of female teachers in Ohio some of the unsuccessful candidates complained that injustice had been done them, whereupon the examiners were so cruel as to publish extracts from the papers written by the rejected applicants. The following are a few specimens of the answers: 'The food is first masticated and then passes through the

phalanx;' 'Respiration is the sweating of the body;' 'The chest is formed of two bones, the sternum and the spinal cord.'"

**MEDICAL COMMENCEMENT.**—The Commencement exercises of the Medical Department of the University of Louisville, at Public Library Hall, on Monday evening, the 3d instant, drew out an immense audience of ladies and gentlemen. The diplomas were presented with brief and pertinent remarks by Hon. Isaac Caldwell, President of the Board of Trustees. The following is a list of the graduates, seventy-five in number. In another department will be found the valedictory address delivered by Prof. L. P. Yandell, jr., on the occasion.

Adams, Robt. J., Ark.	Griffith, Thos. J., Ind.	Prewitt, Richard C., Ky.
Avritt, Beauford E., Ky.	Goodwin, Albert, Ga.	Pitman, Harvey S., Ky.
Bowmer, Wm. F., Mo.	Helmke, Jno. N., Ky.	Pearson, E. C., Miss.
Barnett, Jas. B., Ky.	Harbison, Hugh, Texas.	Poyntz, Jas. M., Ky.
Bryant, Jas. W., Ga.	Henderson, Wm. E., Miss.	Rather, John T., Texas.
Brown, Greenberry, Ky.	Hogan, Saml. M., Ala.	Stewart, Benjamin, Ind.
Brown, Wm. A., Ky.	Hon. Benton J., Ind.	Sauls, Burrell, jr., Tenn.
Chaffin, Nat. W., Tenn.	Hicks, Wm. B., La.	Shipley, Benj. J., Ky.
Cheatham, Wm., Ky.	Hadden, Louis, La.	Stalker, Benj. F., Ind.
Carter, Henry C., Tenn.	Jackson, Jas. W., Ky.	Spurgeon, A. N., Ind.
Chambers, L. W., jr., Ky.	Jones, Francis, Ky.	Smith, C. P., Miss.
Covert, Geo. M., Ind.	Jones, Jno. A. R., Ala.	Soudergild, Edward, Ky.
Crinnian, L. A., Ky.	Kendrick, Carroll, Miss.	Shute, Ira E., Ky.
Dodge, Robt. A., Ky.	Kirkwood, Jas. W., Ind.	Selfridge, Wm. R., Ind.
Donohue, Jos. P., Ky.	Keith, Wm. A., Ky.	Thomas, Edmund G., Ky.
Dunn, Jos. S., Ark.	Lewis, Chas. C., Ky.	Van Gasken, Jos., Del.
Dale, Chas. T., Ky.	Linder, Jas. L., Ga.	Wood, Buford T., Ky.
Daniel, John W., Ga.	Letcher, Jas. H., Ky.	White, Wm. W., Tenn.
Ewing, James D., Ky.	McCall, Warren J., Tenn.	Watson, Stuart S., Ky.
Evans, James T., Miss.	McMorries, Joseph, Miss.	Webb, John G., Ky.
Ezell, Jefferson, La.	McWilliams, James, Ky.	Ward, Chas. E., Ga.
Farr, Patrick H., Miss.	Montgomery, U., Ky.	West, James H., Ky.
Fowlkes, Wm. E., Ky.	Martin, Robt. W., Ind.	Woods, Thos. B., Ala.
Gregory, Joseph P., Tenn.	Noel, Jas. W., Ark.	Walls, Matthew S., Ark.
Green, Wm. O., Ind.	Nichols, Thos. C., Ky.	Whitledge, Wm. T., Ky.

The *Ad Eundem* degree was then conferred upon Daniel H. Shipman, M. D., of Tennessee, a graduate of the University of Nashville; Wm. J. Moore, M. D., of Kentucky, a graduate



of the Kentucky School of Medicine; and J. N. McCormick, M. D., of Kentucky, a graduate of the Miami Medical College, Cincinnati.

The conferring of degrees was followed by the bestowal of prizes, which was done in accordance with the following report of the committee whose duty it was to make the awards:

The Faculty gold medal is awarded to Dr. Carroll Kendrick for the best written thesis apart from that thesis to which the gold medal of Professor Bell is awarded. To Dr. Stuart S. Watson is awarded the gold medal offered by Prof. Bell for the best thesis on Public and Private Hygiene. The prize offered by Messrs. Arthur Peter & Co., a case of pocket instruments, is awarded to Dr. B. B. Stuart for the second best thesis. To Dr. C. C. Lewis is awarded the prize offered by John P. Morton & Co., Reynolds's System of Medicine, for the best notes on the clinical surgical lectures of Prof. D. W. Yandell.

Among the theses placed before the committee of the Faculty for comparison and judgment are some of great merit. The committee commend the following authors of these theses for honorable mention: Drs. Francis Jones, of Kentucky; Thos. J. Griffith, of Indiana; Wm. E. Henderson, of Mississippi; Jos. D. Donnohue, of Kentucky; Jas. W. Kirkwood, of Indiana; Cotesworth P. Smith, of Mississippi; Jos. S. Dunn, of Arkansas; W. E. Fowlkes, of Kentucky; Ira C. Shute, of Kentucky; and John W. Daniel, of Georgia.

The prize offered by Dr. Cowling to the student standing the best examination in anatomy has been awarded to Mr. W. G. Todd, of Kentucky, a first-course student. The committee make honorable mention of Dr. J. Van Gasker, of Delaware. The prize offered by Mr. Simon N. Jones, of "The Pharmacy," to the most skillful operator in Dr. Cowling's special course upon operative surgery has been awarded to Dr. W. R. Selfridge, of Indiana, with honorable mention of Dr. J. McWilliams, of Kentucky.

"REJECTED ADDRESSES."—Miss Sophia J. Blake, the head and front of the female aspirants for medical honors at the Edinburgh University, came up for examination recently, but failed to pass; or, in British student phrase, was "plucked."

A CASE OF LITHOTOMY.—Dr. George Cowan, of Danville, Ky., adds the following to the statistics of lithotomy: "The patient was a negro boy, aged eleven years. The stone was encysted. The operation was the 'lateral,' and performed in July, 1872. The operator experienced difficulty in detaching the calculus, a difficulty much enhanced by violent spasm of the bladder, but succeeded finally in removing an egg-shaped stone, of the phosphatic variety, having a uric-acid nucleus, with a few layers of oxalate of lime; measuring one inch and three quarters in length, and weighing nine drachms. The patient made a rapid and complete recovery."

ERRATA WITH A VENGEANCE.—In order that the readers of the *American Practitioner* may have the benefit of the correction of a chapter of errors, we reprint here a note from the junior editor of this journal, which recently appeared in the columns of our spirited contemporary, the *Philadelphia Medical Times*.

*To the Editor of the Philadelphia Medical Times:*

"DEAR SIR—The writer is the unfortunate author of a paper published in the last volume of the *Transactions of the American Medical Association*—a paper which has suffered most grievously from careless proof-reading. Permit me to point out some of the errors, and their character will sufficiently indicate that the epithet careless is not at all too strong. On page 126 of the volume referred to I find 'accommodations' substituted for accumulations, and 'insidious' for invidious; in each instance the substitute destroying the meaning of the sentence in which it occurs, if not making utter nonsense. On page 127 the words 'round-shirts,' 'persistence,' and 'decorations' are given for roundabouts, penitence, and declamations. On the next page the reader finds in part of a sentence the following: 'Carlyle, Mill, Huxley, and Rankin,' and possibly wonders who Rankin is. Ask the intelligent and careful proof-reader. The author wrote Ruskin. On page 130 a sentence reads as follows: 'And possibly too the best ideal of a medical journal has not yet been obtained, has not yet been developed with the actual.' Replace 'obtained' by attained,

and 'with' by in, and the sentence is tolerable; but as printer and proof-reader have made it it is intolerably bad. Other errors almost as mortifying as those that have been mentioned can be found; but the list is long enough. A man, no matter how poor he is, does not like to see his children, no matter how homely they are, walking the streets in rags. Almost equally as trying is it for one to have the children of his brain thrust ragged and disorderly before the public, when the rags and disorder are not of his producing. Now the moral of the story is, in my opinion, this: Authors have the right, and should always have the opportunity, of correcting their proof.

T. P."

PROF. TYNDALL.—If this name has not been remarked on account of its honorable association with science, doubtless it has become familiar to our readers from its connection with what has of late been much spoken of and written about as the "Prayer Test." That banter of Prof. Tyndall's to the religious world was a very foolish one, and has brought much obloquy upon his name. Newton, it has been said, indemnified mankind for his superiority over them in mathematics by the weakness he displayed in his writings on divinity. We will not say that the remark is applicable to Tyndall; but we confess it gratifies us to see that at a banquet given to him in New York, a few evenings since, his theological vagaries were properly rebuked.

The occasion was flattering to his pride, and the speeches were as complimentary to him as he could have asked; but he no doubt felt that among his American friends present were some very plain-spoken men. He could hardly have helped feeling the point of the satire contained in the following remarks of Mr. Parke Godwin, who spoke in behalf of the press:

"But it is real science, with its rigid restrictions to its own sphere and its exact methods, and not any pseudo-science, that will accomplish these grand results. As all is not gold that glitters, so all is not science that bears the name. Dean Swift in his day humorously complained that Grub Street had migrated to the

Royal Society. Well, we can not say that things are as bad as that; but certainly there are some ragged and suspicious-looking fellows lurking about the premises; and as the duty of the press, like Dogberry, is to comprehend 'all vagaries,' we so bid these 'stand.' For example, a German doctor was around the other day, who informed us that with matter and force he could very easily reconstruct every thing there is in the universe. He did not tell us what matter and force are apart from the mind which conceives them as phenomenal relations; but he was sure of his point, and that was enough. It was not, however, an original notion. That learned traveler, Dr. Lemuel Gulliver, in his authentic and veracious narrative called 'A Voyage to Laputa,' encounters a Doctor of the Academy of Lagoda who was quite up to the modern mark. He possessed a machine, of which the drawings are given, into which you might throw a vocabulary, some bits of wood, and a few pieces of paper, and then, by turning a crank, out of those rough materials would come a whole body of the arts and sciences—folio volumes of philosophy, poetry, politics, and law—printed and bound, all complete, without any expense of labor, or any assistance from genius and study. You will see this is ridiculous; but it is not a whit more so than those more recent theories which would account for the universal frame of things, every part of sculptured order, and a luscious beauty, every part teeming with an intelligence that moves our wonder and delight, on mere mechanical principles.

"Then there is another of these outside teachers of science—but this one entitled to the highest respect, though I think he rides a hobby beyond the capacity of the creature to carry—who contrived a vast process of cosmic evolutions; who tells us that a great while ago, ten thousand years—no, a hundred million of millions of millions of years ago—nebulous gas was diffused through the immensity of space, which first twisted itself into a solar system, then into a world, then into layers of mineral strata, then into vegetable sporules, into animal motion, into human vortices called societies, into *Iliads*, *Parthenons*, and *Shakespeares*, and at last into a grand philosophy of evolution—the crown and consummation of the whole—which may all be true, though the truth strikes me as hardly worthy of so long and so tremendous a parturition.

"Again, a third convinces himself and his admirers that the universe is considerably defective; and that, like Alphonse of Castile, had he been consulted in the making of it, he could have given

many useful hints toward its improvement; and so too, when the deepest human instincts in all ages have repeated what the Hebrew peasant said, gazing into the clear depths of the Eastern skies, 'The heavens declare the glory of God, and the firmament sheweth his handiwork,' cries, 'Pish, the heavens declare the glory of Hoffenchor, Kepler, and Newton.'

"Then there is another French *litterateur*, who, with all his undeniable merits, masquerades a little too much in the habiliments of science; who is very sure that Mind and Motion are but the obverse sides of the same essential phenomena, the one coming in by the front door of the consciousness and the other by the back door of the senses. When you talk, he says, of the martyr's faith, the heroic devotion, the mother's love, the poet's fancy, the artist's genius, the lover's rapture, you are only giving so many different names to so many different movements of little molecules in the brain; up, down, hither, thither, this way, that way, etc. But my opinion is that the ingenious gentleman, when he comes to the truth of the case, will find that what he terms molecules are only maggots, of which a very fine specimen has found its cradle and home in his own capacious cranium. This is a clear case of Grub Street, as a friend remembers, getting into the Royal Society. Now if this be science, we must exclaim with the poet:

'O star-eyed science! were there wonders then,  
To waft us back a message of despair?'

"Is this all the tidings ye bring from the empyrean? What! is there nothing at the central-wheel of life but a blind, dumb, insensible, unknowable face—a face without love, without intelligence, without desire and purpose; an eyeless Samson, which goes grinding on forever at his mill, and crushing onward forever in a fruitless, endless battle against death, and nothing more? 'Great God!' as Wordsworth says:

'Great God! I'd rather be  
A Pagan, suckled on a creed outworn,  
So might I, standing on this pleasant lea,  
Have glimpses that would make me unforlorn.  
Have sight of Proteus rising from the sea,  
Or hear old Triton blow his wreathed horn!'

"No! There are conjecturers that impose upon us their own fantastic offspring for the legitimate heirs of science. Science is exact and certain and authoritative, because dealing in the fact,

and the systematic co-ordination of facts only. She does not wander away into the void. She has nothing to do with questions of personal origin nor of ultimate destinies; not because they are unimportant questions or insoluble, but because they transcend her instruments and her methods. She leaves them to philosophy, which proceeds, not by demonstration and proof, but by insight, by intuition, and by moral reasoning; or she leaves them to Revelation, in whose supernal light alone they can be properly illuminated and fully seen."

On the same occasion a letter was read from Dr. O. W. Holmes, concluding thus:

"We can trust the apostles of the new movement to take care of themselves, and we need not fear that any belief which is fit to live will ever die. All opinions disproved by the facts of to-day must certainly yield to that subtle process of interstitial decay and renovation by which the intellectual life of mankind is born again from generation to generation almost without knowing it. But we may be perfectly sure that there is not any thing that is in heaven above, or that is in the earth beneath, or that is in the water under the earth, which can contradict the evidence that there is something higher than the firmament and more stable than the solid continents and deeper than the unsounded depths of the ocean—the law above all laws—which shows our reason what we ought to be, and commands our will in the authoritative accents of duty.

"Thou dost preserve the stars from wrong,  
And the most ancient heavens by thee are fresh and strong."